



PTO/SB/81 (11-08)

Approved for use through 11/30/2011. OMB 0861-0035

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<b>POWER OF ATTORNEY OR REVOCATION OF POWER OF ATTORNEY WITH A NEW POWER OF ATTORNEY AND CHANGE OF CORRESPONDENCE ADDRESS</b>	<b>Application Number</b>	10/690,421
	<b>Filing Date</b>	10/20/2003
	<b>First Named Inventor</b>	Steven S. Larsen
	<b>Title</b>	Endodontic Instrument
	<b>Art Unit</b>	3732
	<b>Examiner Name</b>	Lewis, Ralph A.
	<b>Attorney Docket Number</b>	LAR50-001

I hereby revoke all previous powers of attorney given in the above-identified application.

☐ A Power of Attorney is submitted herewith.

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☒ Applicant/Inventor.

OR

☐ Assignee of record of the entire interest. See 37 CFR 3.71.☐ Statement under 37 CFR 3.73(b) (Form PTO/SB/96) submitted herewith or filed on \_\_\_\_\_

SIGNATURE of Applicant or Assignee of Record

Signature

Date

04/03/2012

Name

Steven S. Larsen

Telephone

Title and Company

**NOTE:** Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below.☐ \*Total of \_\_\_\_\_ forms are submitted.

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